

# Benholm Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
2 July 2025

**Service provided by:**  
Tamaris (RAM) Limited (Cumbernauld)

**Service provider number:**  
SP2007009152

**Service no:**  
CS2003010713

## About the service

Benholm Nursing Home is situated on the outskirts of Forfar, Angus and provides care for up to 34 older people.

The home is a converted, traditional mansion house and retains many original features, including well established grounds.

The building has two floors accessible by a lift. Bedrooms have ensuite facilities. Adapted bathing and showering facilities are available on each floor. The ground floor has a lounge and separate dining room, as well as a conservatory and hairdressing salon. A small area of the garden is secured, with a patio area accessed via the dining room. The upper floor has a communal area comprising of a homely lounge/dining area.

It is close to local shops and public transport.

## About the inspection

This was an unannounced inspection which took place on 30 June, 1 and 2 July 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 11 people using the service and eight of their family
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People were content living in Benholm.
- People had access to community healthcare professionals.
- Staff were kind and knew people well.
- There needs to be a more robust system for quality assurance and management oversight.
- The manager should review the staffing arrangements within the home.
- The environment required some refurbishment and redecoration.
- Documentation could improve further.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People living in the home appeared comfortable and well presented. Attention was paid to peoples' preferences and choices when getting ready for the day for example having their perfume and jewellery on and their hair done. These things were important to people and helped to make them feel comfortable.

Staff were kind in their interactions and knew people well which resulted in trusting caring relationships. Peoples' families felt that staff knew their relative well and would recognise when there was a change. We heard about examples of positive connections and relationships which supported good outcomes for people. One family felt that their relative's overall health had improved since moving into the service.

People's health benefitted from access to a range of community professionals and agencies. We saw that people had support from district nurses, falls prevention team, dementia liaison, GPs and pharmacy. The feedback we received from professionals was largely positive, 'Staff have a very good knowledge of all the residents in their care and their specific requirements' and 'Management provide me with prompt feedback, good clear communication'.

People had a range of activities and opportunities to choose from. This included trips out as well as activities within the home. People told us they looked forward to the regular music events and family were invited to enjoy these too. It was positive to hear that people considering moving into the home could also come along and join in activities or enjoy the music. People told us this had helped when moving in as they knew people and were familiar with the environment.

There was an organised system in place for managing medication. Protocols for as required (PRN) medication were in place but some lacked detail. These could be improved by adding information about how people are able to tell staff they are experiencing symptoms, for example, pain. The protocols should signpost staff to further information such as pain assessment tools where required particularly where people may not be able to tell staff how they are feeling. In addition, the administration of 'PRN' medication was not always recorded thoroughly - carers notes did not provide information about efficacy which would help to ensure good information is available for reviewing medication and ensure it was effective for its prescribed use. Following a complaints investigation we made an area for improvement about medication management. See **'What the service has done to meet any areas for improvement we made at or since the last inspection'**.

We saw that people had access to fresh fluids throughout the day. A choice of juice was available in communal areas and people had drinks within their rooms also. Where appropriate fluid intake was recorded and we were confident that people were well hydrated and that extra attention was paid to this during spells of hot weather.

Menus were displayed on noticeboards in the home however on day two of our visit there was no information displayed within dining areas. People did not know what was available and some staff couldn't tell them either. This was quickly remedied for the next mealtime. We saw that people were given visual choices from the available menu and most people told us the food was good. Alternatives to the menu choice were sometimes limited to a slice of toast which did not demonstrate that peoples' preferences were known and being supported. We would expect peoples' preferences to be known and planned for to ensure they have suitable choices at mealtimes.

Peoples' mobility was encouraged and supported through a range of activities. Where required mobility aids were kept in reach and people were reminded and encouraged to use them. We raised some concern in relation to a resident who used a mobility aid and had an alert mat to alert staff when they may be attempting to mobilise independently and may need assistance. We observed staff response to alarms varied and sometimes delayed which could result in the person not being supported as they should be. This increased the risk of falls and potential injury.

Peoples skin integrity should be maintained through robust assessment and an appropriate management plan. We highlighted where improvements should be made within the pre admission process and the ongoing daily care and support to ensure robust records are maintained of the support required.

Staff understood the importance of supporting meaningful connections with family and friends. It was positive to hear that families felt welcomed and involved in their relatives care and support.

We observed that there were accidents and incidents that still required to be signed off by a manager. Some of the documentation did not include detailed information to evidence learning or any actions or changes to prevent reoccurrence. For example, reviews and updates of risk assessments or care plans. We were confident that this would be addressed promptly following our feedback.

During the evening visit to the home staff were not visible and people's call alarms were sounding for long periods, staff response times varied. This was improved on the second day of the inspection. We have discussed this further under key question 3.

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There was an absence within the management team during this inspection. The available manager made every effort to present the evidence we required to evaluate this quality indicator. Some information however had not been stored appropriately and therefore could not be found. This impacted on our overall evaluation and outcome in this area.

We did see that there was an overall service improvement plan in place. This described various actions planned to bring about improvements across documentation, environment and staffing. Whilst this was good, it was not evident how these improvements had been identified or that stakeholders had been involved. A service improvement plan should be a dynamic tool that is regularly reviewed and updated in consultation with people who use the service, staff and other stakeholders. This would ensure that people had a say in how their service develops and improves.

Complaints are an opportunity to learn and make improvements. The complaints procedure was displayed in the entrance and whilst we were told there was a log of any complaints received, this could not be located during our inspection. Therefore we could not evaluate how well complaints were handled. The manager must ensure a log of all complaints is maintained within the home. We also recommend that informal concerns are also logged as a tool for further learning and improvement.

It is important that people are involved in the evaluation of the service and can contribute to improvements. Meaningful consultation with people is a good method of quality assurance and contributes to robust management oversight. We saw that there were regular residents meetings and people living in the home had a voice about activities and community connections. For example, a discussion had taken place about inviting people from the community to enjoy music events, this had been agreed by people and helped to expand social connections beyond the home.

Head of department meetings were held most days and enabled managers to organise activities and tasks for the day ahead and to. We did not see minutes of meetings with staff although we were told these had taken place. There was mixed views about these however - staff told us that they were poorly attended and that 'nothing changes'. Staff were not confident that their views were valued.

We saw that some tools such as resident of the day checks and daily and monthly walk rounds had been completed which helped to identify where any improvements could be made on the day. Dining and mealtime audits and Infection Control audits also helped to identify where improvements could be made. These activities however lacked involvement of people. The manager should encourage other staff to be involved in quality assurance processes as this would promote understanding and responsibility within the staff team.

All nursing and care staff must be registered with a regulatory body. We saw that registration was checked monthly. It is the employers' responsibility to ensure that new care staff apply to register with the Scottish Social Services Council (SSSC) within the first three months of their employment. The manager must ensure that all staff understand their responsibilities and are supported to apply within this timescale.

As reported above, some information had been difficult to find or not found at all during this inspection. This presents a risk that actions required to maintain and improve the service will be missed or not known. The provider was introducing a suite of tools that would enable a more robust oversight and secure and reliable storage of information however the manager in the home will require support to embed these tools in order to bring about stability and improvements across the service.

We have made a requirement to address the range of concerns we raised during this inspection. **See requirement 1.**

## Requirements

1. By 31 December 2025, in order to ensure there is a culture of sustained improvement, the provider must;

- introduce and embed regular quality assurance processes that are effective in identifying and promoting outcome focused care.
- the processes must be responsive to improving the outcomes for service users and actively drive good practice and standards.
- ensure managers are supported to understand and work consistently with the identified processes.
- demonstrate how consultation with people who use the service, families, staff and other stakeholders contribute to the overall improvement of the service.

This is to ensure that care and support complies with the Regulation 4 of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff demonstrated a good knowledge of the Health and Social Care Standards. We observed supportive and respectful interactions with people who live in the service and with each other. People told us, 'Communication is very pleasant' and 'Staff are incredible...lovely to my relative'. Staff told us, 'We have a good team here' and 'The staff all really care'.

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. Staff had access to a range of training opportunities that supported them in their roles. The manager should continue to consider what further learning opportunities are required to help meet specific needs of people living in the home as needs change.

Observations of practice is an important tool to help assess staff competence and the impact of training on improving outcomes for people. Staff told us they had received supervision but were unable to confirm the frequency. We could not confirm frequency of planned events during this inspection. The provider told us that there was a range of observation tools and opportunities that when implemented would link directly to staff supervision. This would be a positive development and provide staff with more structured opportunities to support their development and wellbeing.

Staff told us they enjoyed working at Benholm and they felt well prepared for their roles through induction and ongoing training. It was highlighted that it could be stressful when working with agency staff when there was sickness or annual leave however every effort was taken to help ensure that agency staff were returning staff and therefore familiar. It would be of benefit to have a structured induction for agency staff which would support the agency staff to support people and be aware of important information about the home. The provider told us they had this already and this would be introduced at Benholm.

The introduction of the new dependency assessment tool will provide an opportunity to review staffing. At times staff responses were delayed and staff described delays attending to people due to shortages or unfamiliar staff which all impacted on peoples' outcomes. This should help to ensure that the right number of staff with the right skills are working within the home at all times. **See area for improvement 1.**

## Areas for improvement

1. In order to ensure that people are safe and their needs are met the provider should;

- ensure the right number of staff with the right skills are working in the home at all times.
- ensure staff are delegated and organised to ensure there is sufficient staff available to respond to peoples' needs at all times.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There are clear planned arrangements for regular monitoring and maintenance of the premises and the equipment to ensure people are safe. This includes training and assessing staff competency to safely use and maintain any equipment their role requires.

All staff should be aware of their responsibilities to maintain a clean environment. It was therefore disappointing that we found some care equipment was not clean and therefore could increase the risk of cross infection for people. This was rectified during the inspection however the managers should make it clear to staff that it is everyone's responsibility to clean equipment regularly and in between uses of shared equipment. We made an area for improvement at our last inspection which has not been met. See '**What the service has done to meet any areas for improvement we made at or since the last inspection**'.

The home requires a degree of refurbishment and redecoration. This had been acknowledged and an environmental improvement plan had been produced following our previous inspection. See **'What the service has done to meet any areas for improvement we made at or since the last inspection'**. This plan described the improvements that would be made to ensuite facilities, flooring and laundry as well as extending the home with additional bedrooms. Whilst some progress had been made with the renovation work, we saw little improvement within the current home environment. Wallpaper was peeling in places, woodwork and walls were chipped and carpets and flooring were stained and worn in places. We have asked the provider to review their plan for refurbishment and include redecoration where required throughout the home again with predicted timescales for commencing work and duration of work. This would greatly improve the environment for people living in the home. **See requirement 1.**

People could access a number of communal and private area to spend their time. This provided options for family visiting too. Family members told us how parties and family gatherings had been accommodated within the home. This demonstrated a commitment to promoting meaningful connections and family bonds.

People also had access to a garden and whilst most people would be unable to access this independently, we did hear that the garden was well used in good weather. People told us the pitch and putt on the lawn was popular with residents and with families. A small courtyard area had been developed which was a nice private area for people to use. The doorway leading to this area however presented a potential trip hazard. The manager should assess this area more thoroughly and take action to reduce any trip hazards that exist.

## Requirements

1. By 31 October 2025, the provider must ensure that the premises are of sound construction and kept in a good state of repair, externally and internally, and is decorated and maintained to a standard appropriate for the care service. Furthermore, the provider must;

- provide the Care Inspectorate with an overall environmental improvement plan laying out in detail works required and expected completion dates.
- the provider must provide the Care Inspectorate with, at a minimum, monthly progress reports of environmental improvements.

This is to comply with Regulation 10(2)(a) and (b) (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My environment is secure and safe' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

## How well is our care and support planned?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People had electronic care plans which in general, were detailed and outlined the care and support people required. Some plans contained good detail about the person, what was important to them and their past experiences.

A range of assessment screening tools contributed to support plans. These had been reviewed regularly, to help highlight any obvious risks to people's health and wellbeing. For example, skin assessments, malnutrition risks, and falls assessments. Appropriate referrals had been made to other professionals where required. This helped to ensure that people received the right support to maintain good health and wellbeing.

Staff had been diligent at reviewing peoples' plans and assessments on a monthly basis. However, some plans had not been updated following accidents or incidents so some important information was lacking. As previously highlighted, some accident and incident reports had not been reviewed and signed off by a manager which would provide a prompt to check any changes are reflected within care plans promptly to ensure people receive the support they require. **See area for improvement 1.**

Where people had restrictions in place such sensor mats, it wasn't clear what discussions had taken place with people and their families to ensure they were fully aware of all associated risks and for consent. We also could not locate risk assessments to further consider any risks associated with the placement of sensor mats and how these risks would be minimised. The plan should ensure that the need for any technology is fully described and reviewed regularly to help ensure peoples' rights are respected.

We suggested the manager creates a restraint register which would enable a more robust overview of any potential restrictions such as sensor mats, bedrails, lap belts, alarms. This would help to ensure all documentation was in place and up to date.

Some people needed help to make decisions about their welfare. Any legal representatives and the powers they had were documented in people's care plans and a copy of legal documents evident, such as power of attorney. Where appropriate, adults with incapacity (AWI) certificates were in place. This meant that staff were aware who was responsible for residents who lacked capacity, to ensure they were protected, and their rights upheld appropriately.

It is a requirement that people's care plans are reviewed at least once in every six month period to ensure information is up to date. These reviews should be in consultation with people and/or their representatives to ensure that the care plan reflects people's individual preferences and choices. Whilst we did see that reviews were taking place, the minutes were difficult to find to the degree we could not confirm these were happening at the required frequency. **See area for improvement 1.**

The record of pre admission assessments should be more robust and the information used to inform care plans and associated assessments. Whilst we saw a range of information had been collected, there was insufficient information in the plan to reflect any bruises, cuts or injuries observed at the point of admission. Wound care plans should be in place for all wounds with clear directions of treatment and review. This was not the case for one plan we looked at however this was quickly rectified during the inspection. **See area for improvement 1.**

### Areas for improvement

1. In order to ensure that people receive the care and support they require, the provider should ensure that;

- care plans and associated documentation is updated as peoples needs change
- that there is a consistent approach to developing wound care plans when wounds occur
- ensure that there is a written record of formal reviews that are accessible to people
- ensure the need for any technology is clearly described in care plans and reviewed regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The following area for improvement was made following a complaints investigation.

To ensure positive outcomes for people who use this service, the provider should be able to demonstrate that staff have a clear understanding about their role and responsibilities in relation to medication management and can demonstrate this through their practice. Where a person may be in pain or is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to assess this using a recognised pain assessment tool.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

**This area for improvement was made on 13 May 2025.**

#### Action taken since then

The abbey pain scale was available to use for people who may be experiencing pain but could not vocalise this. Some staff knew about this and were using it whilst other staff had not used it so practice was inconsistent.

'PRN' protocols were in place for the use of medication prescribed to be taken as required for symptoms. These should provide enough detail to ensure staff are directed to use this.

This area for improvement has not been met and will be revisited at a future inspection.

#### Previous area for improvement 2

In order to ensure that people experience an environment that is clean, safe and minimises the risk of infection, you the provider should ensure practices in the home comply with current infection prevention and control guidance.

This includes but is not limited to ongoing monitoring of hand hygiene processes including nail products and jewellery, satisfactory standard of cleanliness in bathrooms and appropriate use of cleaning equipment. This is to support people's health and wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states:

"My environment is secure and safe". (HSCS 5.19);

"I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment". (HSCS 5.24).

**This area for improvement was made on 19 November 2024.**

#### Action taken since then

Initial observations in the home included a check of care equipment. Some of these items both individual and shared were not clean. It is the responsibility of all the staff to ensure the environment and any equipment is clean. The manager should ensure that this is highlighted to all staff and that there is robust quality assurance processes in place to ensure a good standard of cleanliness is maintained.

Radiators were dusty and required deep cleaning.

Chemicals were labelled inconsistently which could lead to confusion and incorrect use.

In addition, we were disappointed to see some staff wearing nail products and stoned jewellery which does not reflect the current guidance on hand hygiene.

This area for improvement has not been met and will be revisited at a future inspection.

#### Previous area for improvement 3

In order that people are treated with dignity and respect and experience a well maintained, safe and clean environment, you, the provider should provide the Care Inspectorate with an updated environmental assessment and improvement plan. This should include, in detail, all internal works planned.

You should also include expected commencement and completion dates of all planned work.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states:

"My environment is secure and safe". (HSCS 5.19);

"I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment". (HSCS 5.24).

**This area for improvement was made on 19 November 2024.**

#### Action taken since then

Following our previous inspection, the provider submitted an environmental improvement plan. We saw very little progress within the home to reflect any of the works planned. In addition, we did not see any progress to address the redecoration that was required. Walls and woodwork throughout the home were damaged in places and there was a significant area of wallpaper peeling from the wall. Flooring was damaged and stained in places.

People should expect to be cared for in an environment that is well maintained and decorated to a good standard.

We have asked the provider to update their original plan with more detail including predicted dates of work – in order of priority and asked the provider to inform the improvement plan and anticipated length of works planned.

This should reflect consultation with people who live in the home, their families and other stakeholders.

This area for improvement will be rewritten as a requirement under key question 4.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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